COMPLETE IF KNOWN

1614

10 / 830,147

April 22, 2004

To be assigned

Application Number

Filing Date

Group Art Unit

Examiner Name

□ Déclaration

Submitted

with Initial Filing



NOV 0 8 2004	Please type a plus sign (*) inside this box -> + Under the Paperwork Reduction Act of 1995, no persons a yellid OMB control number.	Patent and Trademark Office: 115	PTC/88/01 (12-97) hrough 9/30/00. OMB 0651-0032 DEPARTMENT OF COMMERCE of information unless it contains	+
	DECLARATION FOR UTILITY OF	Attorney Docket Number	1/1464US	
	DECLARATION FOR UTILITY OR DESIGN	First Named Inventor	STEFANIC, M.F., et al]

Declaration
Submitted after initial

Filing (surcharge (37 CFR 1.16 (e)) required)

PATENT APPLICATION

(37 CFR 1.63)

OR

As a below named inventor, I hereby declare that:								
My residence, post office address, and cligenship are as stated below next to my name.								
I believe (am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
Combinations for the Treatment of Diseases Involving Cell Proliferation, Migration or Apoptosis of Myeloma Cells or Angiogenesis								
the specification of which (Title of the Invention) is attached horseto								
OR was filed on (MM/DD/YYYY) April 22, 2004 as United States Application Number or PCT International								
Application Number 10/830,147 and was amended on (MM/DD/YYYY) (if applicable).								
hereby state that I have reviewed and understand the contents of the above identified exactly state that I have reviewed and understand the contents of the above identified exactly state and the delayer of the above identified the state of the above identified the above identifie								
amended by any amendana specifically referred to above.								
	I acknowledge the duty to disclose information which is material to potentability as defined in 37 CFR 1.56.							
I hereby claim (creign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at toast one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a flang data before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)		Country	Foreign Filling Date (MM/DD/YYYY)		Priority of Claimed	Cartified C YES	opy Attached? NO	
03 009 587.1	EP		04/29/2003					
04 000 508.4	EP		01/13/2004		8 1		H	
04 001 171.0	EΡ		01/21/2004					
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto:								
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.								
			(MM/DD/YYYY)				<u> </u>	
60/542,036		02/25/2004		Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.				

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Petent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



	PTO/SB/01 (12-97)
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Given Na	ome (first and mi	iddle [if	any])				Family	Name	or Sum	nama		
Martin Friedrich			λ		STEFANIC							
Inventor's Signature	Med	<u>/ Lin /</u>	Julue							Date	10-20-	
Residence: City	Warthausen-Bl	Irkenhar	State		Cour	Country DE			\Box _{i}	Citizenship	DE	
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Additional Invento	ors are being na	med on	the 2 sup	plement	al Additic	nai in	a (a)notnev	heet(s)	PTO/SI	B/02A attac	had hereto	

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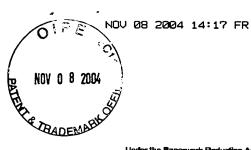
PTO/SB/02A (08-03)
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U.S. Patent and Trademerk Office; U.S. DEPARTMENT OF COMMERCE
D. SOLICITION ALL INVENTION (18 CONTROL OF COMMERCE 19 CONTROL OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respon ADDITIONAL INVENTOR(S) DECLARATION Supplemental Sheet A petition has been filed for this unsigned inventor Name of Additional Joint Inventor, if any: Given Name (first and middle (if any) Family Name or Surname HILBERG Frank inventor's Signature Residence: City Wien CountryAT Citizenship Pilgramgasse 18/22 Mailing Address Mailing Address _{Zip}A-1050 City Wien Country AT State Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Family Name or Sumame Given Name (first and middle (if any) MUNZERT Gerd October 25, 2004 inventor's ud Signature Citizenship DE Residence: City State Malling Address Merianweg 64 Mailing Address _{Zip}89075 Country DE City Ulm State Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Femily Name or Sumame Given Name (first and middle (if any) SOLCA Flavio 09.09.2009 inventor's Şignature Country AT Residence: City Wien State Citizenship CH Mailing Address Gessigasse 10/6 Mailing Address City Wien 1230 Country AT Zip State

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.83. The information is required to obtain or rotain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gethering, prepering, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Crief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Docket No. 1/1464



PTC/SB/02A (09-03)
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DECLARATION	Supplemen		_ INVENTOR(8) iheat 	Page ·	2 of 2	
Name of Additional Joint Inventor, If any:		A pet	ition i	has been filed for this (unsigned in	ventor
Given Name (first and middle (if any)	Family Name or Surname					
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Inventor's A. Baum					Date Sc	pl. 15,2004
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Malling Address						
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Jacobus C.A.	van MEEl	van MEEL				
Inventor's Signature	Date	Sout. g, 2004				
Residence: City Moedling			Country AT Citizenship NL			
Mailing Address Kaemtnergasse 6						
Mailing Address						
City Moedling	State			_{Zip} 2340	Country	AT
Name of Additional Joint Inventor, if any:		☐ A peti	ition h	nas been filed for this u	msigned inv	entor
Given Name (first and middle (if any)	Family Name or Sumame					
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